

# ECONOMIC SECURITY ACT

MONDAY, FEBRUARY 11, 1935

UNITED STATES SENATE,  
COMMITTEE ON FINANCE,  
*Washington, D. C.*

The committee met, pursuant to adjournment, at 10 a. m., in the Finance Committee room, Senate Office Building, Senator Pat Harrison (chairman) presiding.

The **CHAIRMAN**. The committee will come to order. Dr. McCormack

STATEMENT OF DR. A. T. **McCORMACK**, COMMISSIONER STATE  
BOARD OF HEALTH, LOUISVILLE, KY.

Dr. McCORMACK. Mr. Chairman, I am the commissioner of health of the State of Kentucky, and in addition to that I am the ranking member of the committee on Federal relations of the Conference of State, Local, and Federal Health Authorities of the United States. Dr. Bishop, our chairman, has just resigned to become the medical director of the Tennessee Valley, and I have become the ranking member.

For a great many years, of course, we have been considering the relationship between an organized Federal, State, and local health service. We are here very strongly to support titles VII and VIII in this bill. The thought is sometimes expressed that it would be far better if we could concentrate in one agency of the Federal Government all of its public-health activities. Naturally, if we could do it that way, it would be the best way to do it; but we find ourselves in an operation with 23 bureaus of public health in regard to public-health activities regarding meat inspection, food and drug inspection, vital statistics, and many other things.

There is comparatively little difficulty in our making our contacts up here, because we know the problem we want to present. We find fine cooperation from these permanent bureaus of the Government. They are built wisely, they understand their functions, and they understand the rights of the States, and very rarely do we have even a temporary conflict with them.

In connection with the Children's Bureau we have annually submitted our plans. The varied, naturally, from State to State, because the problem of child health, while there are many things in common about it, in Mississippi, Kentucky, and Arkansas, which are purely rural States—there is a very considerable difference as compared with Washington, Oregon, or Idaho, which are equally rural States; and then the industrial States of Massachusetts, New Jersey, and New York—the plans differ very considerably there.

Now we found wise and considerate advisers in those with whom we came in contact. They would make suggestions; but so far as

we were concerned, except in one or two instances where they should have done so, there were no orders issued? but we found real cooperation from them. We have done exactly the same thing in regard to public-health service.

Now we need this thing tremendously. We have more county health departments in Kentucky than in any other State, and we would have had none of them had it not been for either Federal or other outside assistance, such as from the International Health Board of the Rockefeller Foundation and other foundations that have assisted us. It is difficult enough to create new agencies in the Federal or State Government, but it is equally difficult to do progressive things in local communities, because all their money has already been used.

I do not think that the money has been used very wisely. In your State and mine they have been in the habit of buying disease for a number of years, and it has been a very expensive and extravagant investment. It is difficult for them to realize that spending fewer dollars then can get good health in an organized way, and get increased efficiency per unit. We have accomplished that purpose in this work.

I would like to call the committee's attention especially to the importance of the section in regard to crippled children in this bill. For the past 8 years we have done a great deal of work in Kentucky in this respect. It has been done largely under the leadership of former Senator Williamson, who has been chairman of the commission for many years. The legislature has made as large an appropriation as it was possible for it to do for the purpose, and yet we know that they have been able to handle about 33⅓ percent of the crippled children of the number that they could have handled had they had a larger income. We have the hospitals and we have the facilities for the handling of the children, so we just need the money for their maintenance.

We come to you feeling particularly strong on this matter. Our orthopedic surgeons have never received a dollar for any service they rendered to the crippled children in correcting these defects. The charge is for maintenance and the follow-up treatment afterward. We feel this is a particularly effective part of the section.

We are also very strongly in favor of the mothers' aid, because we feel that mothers need this assistance tremendously in many parts of our State and in the other agricultural States. The largest tax that is being paid by the people of our local districts in Kentucky, and in the South and West, is the tax that comes from ill-health and from unnecessary and avoidable poverty. We feel very strongly in support of the administration's program in this reconstructive measure that is before you.

Senator BARKLEY. Doctor, do you think the bill as it is written, so far as the title in which you are interested is concerned, substantially covers the requirements and the need?

Dr. McCORMACK. Yes, sir. From both the Children's Bureau and Public Health Service there have been suggestions of mere words in corrections, in perfecting the text, but there isn't any change in the principle. It is ideal. It is not a matter of so much importance as to the number of agencies here, but you cannot multiply agencies in Elliott County, because there are only a small number of people

capable of the kind of leadership necessary to do these jobs in a rural county, and there is only a small amount of money to pay for the work that is done in the rural county. The work must be concentrated there, and it is too complicated, it would seem to somebody that is analyzing the whole situation in a Federal and State government; so it is simply a matter for the man in the home who wants to get his advice from somebody, and instead of having a retail store that he can go to, he wants it to be a department store so he can get all his welfare advice from the same place, because he does not know the difference—he does not know what health advice is, and so forth.

Senator BARKLEY. If all the counties in all the States take advantage of the rural sanitation and health features of this bill, in the same proportion as in Kentucky, would the amount provided be sufficient?

Dr. McCORMACK. No; the amount provided would not be sufficient. This is a real start in the right direction. It would take more than this to accomplish the purposes of the bill in all of the counties and cities of the United States, but in all probability this bill provides for enough, because it is going to be necessary to qualify the personnel in order to make the bill effective as there are not enough health officers and public-health nurses in the United States to provide one for every county in the United States by tomorrow. It has got to be done gradually, and I think for that reason the amount provided in the bill is ample for the purpose of stimulation. In the larger and wealthier counties stimulation will be all that will be necessary in the furnishing of trained personnel.

The CHAIRMAN. Thank you very much, Doctor. Dr. Grulee.

**STATEMENT OF DR. CLIFFORD G. GRULEE, EVANSTON, ILL.,  
PROFESSOR OF PEDIATRICS, RUSH MEDICAL COLLEGE,  
CHICAGO**

The CHAIRMAN. Doctor, will you, for the benefit of the record, give your business and where you are from?

Dr. GRULEE. I am professor and head of the Department of Pediatrics of Rush Medical College, Chicago, and Secretary of the American Academy Pediatrics Association.

I should like to ask that there go in the record as an approval of this part of the bill, the maternal and child-health portion, the following names:

Dr. William Palmer Lucas, professor of pediatrics, University of California, San Francisco, Calif. ; Dr. Warren R. Sisson, assistant professor of pediatrics, Harvard Medical School, Boston, Mass. ; Dr. Borden S. Veeder, president American Pediatric Society, and clinical professor of pediatrics, Washington University School of Medicine, St. Louis, Mo.; Dr. Lawrence T. Royster, professor of pediatrics, University of Virginia, University, Va. ; Dr. A. Graeme Mitchell, professor of pediatrics, University of Cincinnati, Cincinnati, Ohio; Dr. B. E. Bonar, member of the State Board of Health, Salt Lake City, Utah; Dr. Hugh McCulloch, associate professor of pediatrics, Washington University, St. Louis, Mo., and also secretary of American Pediatric Society; Dr. Philip F. Barbour, professor of pediatrics, University of Louisville, Louisville, Ky. ; Dr. Hugh Leslie Moore, professor of pediatrics, Baylor University, Dallas, Tex. ;